

ADDRESSES DELIVERED XXXXX

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DELIVERED BEFORE THE

MUTUAL AID ASSOCIATION

OF THE

PHILADELPHIA COUNTY MEDICAL SOCIETY FOR THE RELIEF  
OF THE WIDOWS AND ORPHANS OF MEDICAL MEN.

*December 14, 1892.*

By

DRS. BILLINGS, KEEN, AND WILLARD,

AND

GEORGE D. McCREARY, Esq.





## AN ADDRESS

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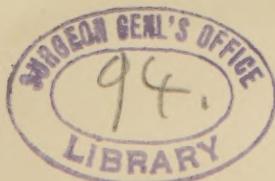
BY JOHN S. BILLINGS, M.D.

IN comparing the reports of different organizations of this kind I find that the history of mutual aid and friendly societies is an interesting one. Commencing with the crude guilds of the Middle Ages, they are now organized among the working classes of all civilized nations, but most extensively among the English-speaking peoples.

The first "Benevolent Medical Society" was probably that "of the County of Norfolk and City of Norwich," established by Mr. James Jones, a surgeon, about the middle of the latter half of the last century.

The next was the *Society for the Relief of Distressed Medical Men, their Widows, Children, and Orphans in the counties of Essex and Hertford*, which was instituted in October, 1786, by Mr. Robert Richardson Newell, of Colchester, originally a surgeon, but afterward an M.D. The admission fee was one guinea, and the yearly dues one guinea, and a member's family was entitled to benefit after an annual subscription of five years. The constitution provides that "a widow may be allowed any sum, provided such sum does not make the income she already possesses more than £100 per annum, and that a child (notwithstanding the above sum granted to the parent) under sixteen years of age may be allowed a sum not exceeding £20. An orphan may be allowed a sum not exceeding £50." In 1891 the capital investment was £10,053, and £375 were paid out in grants.

The "Kent Benevolent Medical Society for the Relief and Benefit of the Widows and Orphans of Physicians, Surgeons, and Apothecaries" was instituted in 1787. The first president was C. Packe, M.D., of Canterbury. The annual dues were one guinea, and members became life-members at the expiration of ten years, or as soon as ten guineas had been paid. Its provisions were that the widow or orphans of a member shall receive "such assistance as the Society shall think proper," and "that in case where a person has been admitted a member of the Society



previously to his attaining the age of thirty-five years it shall be in the power of a general meeting to grant him relief under circumstances of particular distress at any period after such admission, provided such grant be approved by not less than two-thirds of the members present at such meeting." The investment fund in 1891 was £8550, and the payments since 1787 amounted to £32,526 9s. 2d. President, 1891, John Wickham Barnes, Esq.

*Society for Relief of Widows and Orphans of Medical Men* (London). The Society was founded in 1788 by Dr. John Squire and Mr. William Chamberlaine, surgeon and apothecary. The admission fee is two guineas; dues, one guinea, semi-annually, and payments for twenty years constitute a life-member.

Originally the Society paid to each widow £30, and to each child £10. In 1818 these amounts were increased to £50 and £12 respectively. A widow who has no certain income exceeding £80 annually is eligible to receive benefit; also, in addition, for every child under sixteen years which has not a separate yearly income of £15. The amount of investment funds in 1889 was £86,668; amount paid to widows and children from 1793–1889 amounted to £133,071, and the annuities paid in 1888 were £3221.

Up to its centennial celebration in 1888 the Society had only had nine presidents. The first president was Sir George Baker, from 1788–1809; the ninth president, Sir James Paget, Bart., F.R.S., was elected in 1884.

In 1817, on resigning the office of secretary, Mr. Chamberlaine, one of the founders, donated £11 3s. 9d. in four per cents, which he desired should accumulate till it should amount to £100 stock, the dividends to be then expended upon a "frugal supper" for the treasurers and auditors; not less than 40s. to be expended each half year. This donation, which Mr. Chamberlaine hoped might reach £100 stock in two or three years, did not reach that amount until 1888, when the interest became available for the above purpose.

*The Lincolnshire Medical Benevolent Society* was instituted in 1804. The yearly subscription is one guinea. The constitution provides that "all legacies, benefactions, and the three first subscriptions of every member shall be made capital stock, \* \* \* and, with the increases and additions made to it, shall never, on any account, be diminished. \* \* \* The interest moneys and unappropriated subscriptions shall be added to the capital stock, or be distributed among the distressed members of the Society, their widows and children, as shall be agreed upon at the anniversary meetings." \* \* \* "No member or his family shall be entitled to relief until he shall have paid three annual subscriptions." From 1807–1886 the sum of £4920 had been paid to distressed members and their families.

*The Surrey Benevolent Medical Society* was instituted May, 1812. The

object was to "establish a fund for the benefit of indigent members of the Society, their widows and orphans, to educate the sons and other relatives of members, and to communicate medical facts, cases, and observations." The admission fee is £5, and the annual fee £2; no member to pay for a longer term than thirty years, when he becomes a life-member. The payment of £30 by any member, in addition to admission fee, paid on the day of his election, constitutes a life-member. A widow, with an income of less than £75 shall receive £25 yearly. For each child under fourteen years, with less than £15 yearly income, the widow shall receive additional assistance.

The capital stock shall be £5000; the amount of this stock shall on no account be ever diminished, and until the stock amounts to £5000 the payments in one year shall not exceed the dividends.

*Medical Benevolent Society (London).*—Instituted 1816, for the relief of members in distressed circumstances from mental or bodily infirmity or from other causes, or who shall be considered deserving of assistance, although they may not have attained the age of sixty years, and to secure to those persons who shall become members of the Society, and shall have subscribed (for at least ten years) according to the scale fixed by the Society, an annuity when they shall have attained the age of sixty years.

Age.	Single payment.		Annual payment.		Age.	Single payment.		Annual payment.	
	£	s.	£	s.		£	s.	£	s.
21 . . .	39	8	2	12	41 . . .	122	16	11	13
22 . . .	41	12	2	16	42 . . .	130	12	12	16
23 . . .	43	18	2	19	43 . . .	138	18	14	3
24 . . .	46	8	3	3	44 . . .	147	18	15	17
25 . . .	49	0	3	8	45 . . .	157	8	17	8
26 . . .	52	0	3	12	46 . . .	167	16	19	5
27 . . .	55	10	3	18	47 . . .	178	18	21	15
28 . . .	58	0	4	3	48 . . .	190	18	24	3
29 . . .	61	4	4	9	49 . . .	203	16	28	17
30 . . .	65	0	4	16	50 . . .	217	16	31	11
31 . . .	68	16	5	5	51 . . .	209	7	26	12
32 . . .	74	14	5	15	52 . . .	200	17	25	14
33 . . .	76	16	6	1	53 . . .	192	4	24	14
34 . . .	81	6	6	9	54 . . .	183	11	23	14
35 . . .	88	10	6	19	55 . . .	174	14	21	14
36 . . .	91	6	7	10	56 . . .	165	18	21	14
37 . . .	96	16	8	4	57 . . .	156	19	20	12
38 . . .	102	14	8	18	58 . . .	148	0	10	12
39 . . .	109	0	9	15	59 . . .	138	19	18	10
40 . . .	115	10	10	11	60 . . .	129	18	17	10

*The British Army Medical Officers Benevolent Society*, instituted May, 1820. The annual assessment is £1 1s. In 1872 the investment fund was £15,671, and during that year £705 were donated to orphan children of medical officers of the army.

*The Medical Benevolent Society of Birmingham* was instituted in 1821, "to assist indigent practitioners who have been members five years, and also widows and infant children of members." The admission fee is one guinea, and the yearly subscription one guinea. Any member having paid his annual subscription for twenty-one years, or having made a donation of 16 guineas on his admission, or by making up the sum of his subscription to 17 guineas within seven years from date of his admission, shall be exempted from all future payments.

In 1884 the Society held £10,515 invested funds, and it had paid in half-yearly grants £10,707.

*The British Medical Benevolent Fund* was instituted in 1835, "to afford immediate pecuniary relief to distressed qualified members of the medical profession, their widows and orphans, and to grant annuities to such after sixty years of age." The annuities range from £10 to £15, £20 or £26 per annum. The receipts from 1871 to 1891 were £118,081 5s. 8d., and the benefits and annuities paid during the same period amounted to £79,381. Their motto is: "No expenditures on offices, officers, or advertising. All work voluntary. All offices honorary."

*President* in 1891, Sir James Paget. *Secretaries* in 1891, Edward East, Esq.; Sidney Phillips, M.D.

*The Royal Medical Benevolent College* (Epsom).—Projected in 1851, by John Propert, Esq., "to provide an asylum and pensions for aged medical men and the widows of medical men in reduced circumstances, and a school open to all classes, but offering special advantages to the sons of medical men, fifty of whom shall be foundation scholars." It was opened on June 25, 1855.

Donors of 10 guineas in not more than two payments and collectors of 20 guineas are life governors. Subscribers of 1 guinea yearly are governors. Fifty pensioners receive £21 yearly, and some have in addition the use of furnished rooms in the college. Three daughters of medical men receive £20 yearly. Fifty foundation scholars between the ages of eight and sixteen years receive an education and are boarded, clothed, and maintained. The investment fund is £37,000, and the expenditures in 1892 were £17,689.

*President* in 1892, the Earl of Derby. *Secretary* in 1892, J. Bernard Lamb, Esq.

FRANCE.—During the years 1857 and 1858 a number of mutual aid societies, on a small scale, were established in the Provinces of France, by medical men, but their grants did not exceed 500 francs a year for each society.

In 1863 *L'Association Générale de Prévoyance et de Secours Mutuels des Médecins de France* was organized, and its present constitution was adopted in 1872. This Association in 1890 included the "General" and eighty-five "Local" or "Provincial" Societies under its jurisdiction.

Its object is to "aid members, who, on account of age, infirmities, disease, or unmerited misfortunes, are in distress; to assist widows and orphans of members left without resources, and to give aid and protection to its members." No pension is to exceed 1200 francs. In 1890 the capital stock of the general and local societies was 2,692,505 francs, and there were paid eighty-four pensions at 600 francs per annum, one pension at 300 francs per annum, and about 7300 francs to widows and orphans.

The local societies pay yearly assessments to the general society according to their wealth and membership. The general society, on the other hand, contributes to the aid voted to pensioners by the local societies whose assets are less than 40 francs for each member, in a proportion inverse to the local societies' wealth, but the grants of the general society can never exceed 80 per cent. of the amount voted to a pensioner, as shown in the following table:

Assets per head of Local Society.	Contributed by	
	General Society.	Local Society.
0 to 10 francs per head . . . . .	80 per cent.	20 per cent.
10 " 15 " " . . . . .	70 "	30 "
15 " 20 " " . . . . .	60 "	40 "
20 " 25 " " . . . . .	50 "	50 "
25 " 30 " " . . . . .	40 "	60 "
30 " 35 " " . . . . .	30 "	70 "
35 " 40 " " . . . . .	20 "	80 "

It should be borne in mind that many of the local or Provincial societies are very poor.

*New York Society for the Relief of the Widows and Orphans of Medical Men.* Instituted 1842; incorporated 1843.—The society took its origin at a social gathering at the house of Dr. Edward Delafield, in 1842. The initiation fee is \$25, and the annual dues are \$10, payable semi-annually. Payment of \$100, or payment of annual dues for twenty-five years, constitutes life membership. The widow of a member receives \$400 a year, but for every \$10, or multiple of 10, of income she may have, an amount equal to 50 per cent. of said income shall be deducted from the annuity. Every child entitled to relief shall receive \$100 per annum, subject to the same condition as a widow.

Increase and diminution of annuities: 1. Whenever the actual income of the society exceeds double the whole expenditure by \$200 for every widow drawing an annuity, then \$100 shall be added to the annuity of each widow. 2. The amount of the annuities, once fixed or increased, shall not be reduced again as long as the income of the society from investments shall be \$500 in excess of all expenditures. 3. If a time should arrive that the expenditure should absorb the income to that point, *i. e.*, within the \$500 of excess, then the annuity of the widow

shall be reduced \$50, and this reduction shall be kept up and repeated, if necessary, until the income of the society admits again an increase according to the rule as laid down above under section 1.

The investment fund in 1890 was \$166,163; the income for 1891, \$10,073; annuities paid in 1889, \$3928.

President, 1890, Henry Tuck, M.D. Treasurer, 1890, John H. Hinton, M.D.

*New York Physicians' Mutual Aid Association.*—Organized in June, 1868, to "Afford relief to the heirs of its deceased members."

The initiation fee is \$2.00. An assessment of \$1.00 is made at the death of each member, whose heir receives the amount of the assessment.

A member who is sick or distressed may receive a loan, without interest, from the society, nearly equal to his interest in the assessment fund, to be settled after his death.

Members in good circumstances are requested to donate, at their death, their interest in the society to the permanent investment fund.

Permanent investment fund in 1887, \$13,731.

*Army Mutual Aid Association (U. S. Army).*—This society, which is not confined to medical men, was outlined by Surgeon E. P. Vollum, U. S. A., and the medical officers of the U. S. Army form a large proportion of its membership.

It was organized on January 13, 1879, to "Aid the families of deceased members in a prompt, simple, and substantial manner." The initiation fee is an amount equal to a half dollar for each full year which the candidate shall have completed on admission. The applicant must be under fifty years, in good health, and unobjectionable to the Executive Committee.

For the purpose of assessment, on the 1st of January of each year the members shall be distributed into nine classes, according to their respective ages (determined by the last preceding birthday) at date of classification, and the assessment of the members of the several classes shall be as follows:

Under 30 years . . . .	\$2.00	50-55 years . . . .	. \$4.50
30-35 " . . . .	2.50	55-60 " . . . .	. 5.00
35-40 " . . . .	3.00	60-65 " . . . .	. 5.50
40-45 " . . . .	3.50	Over 65 " . . . .	. 6.00
45-50 " . . . .	4.00		

It will be seen that it radically differs from the mutual aid societies heretofore referred to, in this, that the yearly assessment increases with the growing age of the member, instead of ceasing at the end of twenty or twenty-five yearly payments, as in other societies.

The members of this society pay in advance, annually or semi-annually, at their option, the sum for which they are assessed. This sum is equivalent to a number of assessments equal to  $1\frac{1}{2}$  per centum of

the total membership on the 1st of January of each year. If the mortality exceeds  $1\frac{1}{2}$  per cent. of the membership, further assessments are levied.

Until the year 1890 the unused yearly assessments had been turned into the Reserve Fund, which in that year had reached the sum of \$105,500. It was then decided to return annually to members their unused assessments (in excess of a stated reserve). \$3000 are paid at the death of a member to his heir.

In 1892 the assets amounted to \$125,585.08, and from 1879-92 \$363,710 were paid to the heirs of deceased members.

A vast amount of advice, in the shape of valedictory addresses and other literature, has been given to the young physician upon his duties ; but his duties to his patients and to older physicians are the chief topics, while his duties to his wife and children are not mentioned, not even in that compend and summary of all valedictory addresses, entitled "The Physician Himself."

Probably this is mainly due to the fact that it is assumed that there is nothing peculiar to the physician in such duties ; that they are the same for him as for all other men. It is true that there is nothing peculiar about such duties, but is it not also true that there are certain things about the occupation of a physician which make it especially expedient for him to make some provision for those who are dependent upon him ?

The practice of medicine is not like a mercantile business, in this, that it depends upon the health and life of the individual worker. When the merchant dies his business may go on, conducted by the widow, or by persons employed by her ; the old employés are retained, and the reputation of the house may be such that there will be little diminution in the number of customers. But when the physician dies his business, great or small, dies with him—there is no one to continue the work for the benefit of his family.

The liability to death is greater in the medical profession than it is in the other professions, or in ordinary business life. If we take males of from twenty-five to sixty-five years of age, the average death-rate per 1000 of all occupations is 15.42, while for physicians it is 17.30, for clergymen 8.57, for lawyers 12.97, for schoolmasters 11.09, for clerks 15.61, for farmers 9.73, and for shopkeepers 13.52. These are the figures given by Dr. Ogle for England ; the United States figures are not yet compiled, but probably will be much the same.

My personal experience corresponds to that of the majority of people as to its being rather fatiguing to listen to any lengthy discourse about one's own duties and responsibilities—unasked advice is most agreeable when it refers to other people. I assume, therefore, that each member

of this audience has been as wise and prudent for himself, and as thoughtful for the welfare of others, as it is proper that he should have been, and that it is only necessary to consider the case of some of our friends who have not yet developed into this state of perfection.

The race is not always to the swift in medicine; it is not always that the man who has been the hardest student and has the greatest medical knowledge is the man who obtains the greatest pecuniary success. I know—and I do not doubt that many of you know—men whose advice and opinions on medical subjects, as contained in their published papers, command the respect of the profession, and who are consulted in doubtful and difficult cases, but who, as yet, are hardly able to earn a bare subsistence, and whose friends would be called on to meet their funeral expenses in case of their death.

It is true that in many cases the failure to earn a decent living and to provide properly for his family on the part of a medical man who has been in practice five years or more, is due to the man's own folly or vice, to extravagance, or intemperance, or neglect of his business; and it is easy to comment that if Smith had spent the hours in his office that he did at the club or at the billiard-saloon, or if Jones had not acquired the cocaine or the chloral habit, his widow would have been left in much better circumstances.

That, however, does not make us feel more comfortable in declining to subscribe something for the benefit of the widows and orphans of Smith and Jones, or of those of Brown, who we all agreed was doing a foolish thing when he married a poor girl before he was certain that he would be able to support himself alone, much less a wife and children. The fact is, that the failures and incapables of the medical profession, and those dependent on them, must be furnished the means of subsistence in some way; by being sent to the almshouse if nothing better can be done.

Every physician ought to take out a life insurance policy when he marries, unless either he or his wife have sufficient means to make such a precaution quite unnecessary; and, in addition to this, every physician in moderate circumstances ought to belong to an association such as this to secure prompt aid for his family when trouble comes; and every physician of means should belong to it as one of the best means of efficiently aiding his poorer brethren, for the profession of medicine is a brotherhood, so recognized all over the world. Every member of it when sick is entitled to the best thought and skill of any physician whom he may call upon, without giving fee or reward, and he is also entitled to the benefit of any discovery made by any physician in improved methods of treatment of disease. This constitutes one of the differences between a profession and a trade—another being that many of the ordinary

trade methods of obtaining business are forbidden to members of the profession.

The young physician cannot ask for practise, or in any way call the attention of the public to his qualifications and skill; he must wait patiently for opportunities to demonstrate these, and it is only as a teacher or a writer that he can obtain even an indirect advertisement. He is bound to do nothing that will in any way disturb the practise of his seniors. Now, in return for this, the senior members of the profession are bound to encourage and help their juniors, to see that they do not fall by the wayside—to give them reason to believe that if they do fall they will receive assistance. And one of the means of doing this is to join an association of this kind and to aid in increasing its investment fund until it is large enough to yield an income which will be large enough to help those who really need and deserve help.

The outlines of methods and results of some associations of this kind which have proved successful, which I have given, are intended, in part, to encourage this Society in its work; in part, to show that for all small and local medical associations for mutual aid the increase of the invested funds by donations and legacies, in addition to the regular fees, is an important point to be kept in view, because purely mutual aid associations among physicians are only self-sustaining under special conditions; those who are best able to join them are not those who are most likely to need their benefits, and those who are most liable to require assistance cannot, or will not, pay the necessary fees and dues. If each member of the Society bears this in mind, and endeavors to secure one contribution to the endowment fund during the year, it seems to me that the results can hardly fail to be satisfactory to the managers of the fund, to the persons who have interested themselves in the matter, and above all to those who make the contributions.

DR. W. W. KEEN then made a few remarks, in the course of which he said that he was fully in accord with the preceding speaker, who had stated so well the motives impelling to such benevolence and the necessity for it. His intention was more particularly to urge the practical side of actual deeds. He especially called the attention of the members to the several ways in which they could aid the Association: First, by joining it, either as members or benefactors, according to the means of each one. Second, in influencing as many others to join as possible. Third, and especially, he urged that each member who was able to do so, should leave some bequest in his will to this Society. It was a shame that the permanent fund of the society in New York should have grown (largely by bequests) to the sum of \$160,000, when we had here only a paltry \$8000.

Finally, he called attention to the importance of obtaining gifts and bequests from patients. Very frequently patients would be so grateful for kind attention—it might be for recovery of health, or for the life of some member of their families—that they would be willing to do something for the profession which had done so much for them; and if the members of the profession would but bear this in mind they could suggest gifts or bequests from others who are not members of the profession, which would increase very largely the permanent fund. The Nurses' Beneficial Society is indebted to a grateful lady who had been the patient of a good nurse, for the \$5000 with which they have obtained their endowed bed at the Polyclinic Hospital; and if one grateful patient would do this for a nurse, surely there are many such who would do at least as much for the medical profession at large, were it only suggested to them.

GEORGE D. McCREARY, Esq. (abstract of remarks).—Perhaps the oldest of the learned professions is that of medicine, for from the time that disease and death came into the world, the desire and study of mankind has been to heal the one, and to ward off the other. The profession of medicine, from the early attempts to relieve man from “the ills which flesh is heir to,” gradually developed and attained the eminent position it now occupies, and claims among its members illustrious men who have contributed and are now contributing to its exaltation as the great science which has for its object the relief of suffering humanity. No profession is so self-sacrificing; for the young practitioner gives gladly and freely of his services, and later on, when fortune and reputation is his, he gives with equal willingness his best services and ripened experience to hospital and other work, in demonstrating and instructing the inexperienced in the great science of which he is a master, and, at the same time, brings health and healing to the many who thus become charitable objects of his skill. So from the beginning of his professional life down to the very last, his services are at the call of humanity, and the development of his profession.

The demand of society upon a physician is exacting; his family is expected to keep up an appearance of thrift, making it difficult in early professional life to little more than make both ends meet, so that should misfortune or death overtake him before he has provided even a bare competency, they are left to the sad condition of want, or that of genteel poverty staring them in the face.

If men of the other professions and those in business have associations for the relief of their brethren, certainly it is in keeping with the thoughtfulness of the medical profession to associate themselves together for the purpose of helping those of their number when trouble comes and grim want knocks at the door. We read in the Scripture that “If any pro-

vided not for his own, especially those who are of his own house, he has denied the faith and is worse than a heathen," and certainly this condemnation holds good now as when written. It is just such work as your Association is doing which puts into living force this injunction, and makes the world brighter and better to many unfortunate ones, who are helped along and enabled to struggle with their misfortunes in a hopeful way, for the assistance given is like the life preserver thrown overboard to the sinking one, in helping him to hold up against the otherwise unequal struggle for existence.

The best side of your balance sheet will be the side showing the greatest expenditure in relieving the needy, and the very knowledge of the judicious expenditure of the money will commend itself so that more liberal donations will be made, and the great object of your Society attained, which should be—

“To strive in offices of love  
How we may lighten  
The burdens of our fellow men.”

DR. DE FOREST WILLARD, President of the Association, then summed up the work of the evening by stating that the Association should be helped by all classes of the profession. First, by those who are not in good circumstances, because it afforded a sure and helpful means of relief for their widows and orphans should necessity arise. Secondly, by those in good circumstances, since they can now readily afford this small expenditure. Among the second class may be the beneficiaries of the future; but even if the necessity for help should not arise in the future, the small amount expended would never be missed. Every physician, therefore, should contribute toward this object, and should by all means remember it in his will for either a small or a large amount, and he should keep the objects of the Association constantly before his mind, so that he would be led to induce others to remember this charity. In this way largely must the permanent fund increase. It needs \$100,000, and it should have it. Fifty dollars is an exceedingly small sum to pay for a life membership in an association when such good returns will be paid if necessity arises. This Association needs to be placed on a broader basis, and it needs a large amount of invested funds, so that not only the widows and orphans may receive help, but that any physician in pecuniary distress may obtain temporary assistance.

Dr. Willard closed by urging that all the members of the County Society should join the Association and assist in advancing its work.





